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ABSTRACT

This report presents four papers on services provided to students with severe emotional and/or behavioral disorders by the Georgia Psychoeducational Network (GPN). "Teacher Ratings of Pro-social Behaviors for Medicated ADHD Students" (Catherine P. Fortner) reports on the development of positive social skills in 111 medicated male students with attention deficit hyperactivity disorder. "Personnel Attrition in the Georgia Psychoeducational Network over Six Years 1986-1992" (Harry Hamm) reports on a study which examined the personnel attrition rate of the 24 programs in the Georgia Psychoeducational Network. "A Ten Year Comparison of Demographic Descriptors of Students with Severe Emotional/Behavioral Disorders (SE/BD) in Georgia" (Wayne Moffett and William W. Swan) compared the characteristics of 5008 students with SE/BD served in the GPN during fiscal year 1985 with 4075 students served during 1995. In "A Leadership Metaphor: The Busy Airport Terminal" (Brenda Bedford), leadership efforts are examined and a metaphor is developed comparing the Oconee Psychoeducational Program to a busy airport. (CR)

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Teacher Ratings of Pro-Social Behaviors for Medicated ADHD Students

Catherine P. Fortner
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This study used a quasi-experimental design to investigate the degree to which psychopharmacological intervention enabled a sample of 111 male students (ages 6.5 years through 12 years) with Attention Deficit Hyperactivity Disorder (ADHD) to interact in a pro-social manner relative to that of their normal peers as measured by teacher ratings. IQ and SES were entered into the design as confounding variables. Results indicated that the frequency of pro-social behaviors--as measured by the Social Skills Rating Scale--Teacher Report (SSRS-T)--for the research sample were essentially normally distributed and not statistically significantly different from the norm group. Statistically significant correlations were identified between the SSRS-T and IQ, between medication scores and IQ, and between SES and IQ, and between SES and medication scores. Discussion and implications of the results are provided.

Attention Deficit Hyperactivity Disorder (ADHD) is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994) as one of the Disruptive Behavior Disorders. According to the American Psychiatric Association, it is characterized by a deficit of attention, impulsivity, and excessive motor activity relative to that of normal children of the same age, sex, and developmental level. While incidence figures have ranged from 1% to 20% (Barkley, 1990), the general consensus is that approximately 3% to 5% of the childhood population has ADHD, with a higher incidence noted in males than females (American Psychiatric Association, 1994). To understand ADHD, it is helpful to look first at the construct upon which it is focused--attention. According to Cooley and Morris (1990), attention is the ability to focus on relevant stimuli or information while ignoring irrelevant stimuli or information. There are three types of attention commonly noted in the literature--selective, divided, and sustained. Selective attention is the ability to focus on a single stimulus. Divided attention is the ability to focus on two stimuli at the same time. Sustained attention is the ability to maintain attentional focus over time (Cooley & Morris, 1990). Many of the problems related to ADHD reportedly have to do with the last of these, sustained attention (Barkley, 1990; Douglas, 1972; Douglas & Peters, 1979).

One of the most notable areas of dysfunction for students with ADHD is in the area of social skills development. According to Gresham and Elliott (1984), "social skills may be defined as socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses" (as cited in Elliott, Bernard, & Gresham, 1989, p. 224). Notable problems in this area have long been documented for students

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with ADHD. These students typically stand out in the preschool or kindergarten setting as having difficulty not only with attention and learning but in getting along with their peers as well (Alessandri, 1992). Barkley (1990) noted that over time a child's family members, peers, and classmates may come to avoid unnecessary interactions with him or her in an effort to limit the conflicts that often occur.

Due in part to the above, Farrington, Loeber, and von Kammen note that ADHD students' deficits in the social skills domain should be considered a critical target for intervention; if left untreated, the antisocial behaviors that are exhibited reportedly increase the risk of early and recurrent patterns of delinquency in the community that persist into young adulthood (cited in Barkely, 1989). While there are those who report successful management of these antisocial behaviors (Barkley, 1990; Paternite & Loney, 1980), the relationship between such behaviors and academic achievement make this a critical target for assessment and intervention. In a recent article, Hinshaw (1992) reported that: "In childhood, inattention and hyperactivity are stronger correlates of academic problems than is aggression; by adolescence, however, antisocial behavior and delinquency are clearly associated with underachievement" (p. 127).

Clearly, there are multiple variables which might influence the emergence of antisocial behaviors and the disruption of adequate social skills development in students with ADHD. According to Barkley (1989), while ADHD is generally thought of as being caused by physiological factors, the development of aggressive and oppositional behaviors in ADHD students is best seen as an environmentally influenced outcome of the disorder. Hinshaw (1992) reviewed the literature on externalizing behavior problems and academic underachievement in childhood and adolescent populations. Externalizing behaviors were found to be marked by the following: Defiance, impulsivity, disruptiveness, aggression, antisocial features, and overactivity. According to this author, the interactions and transactions among social, familial, linguistic, and neurobehavioral variables may culminate in a model of complex causality for the emergence of antisocial behaviors in youngsters with early attentional deficits. Hinshaw underscores socio-economic status (SES), family variables, intelligence, speech and language difficulties, and neurodevelopmental immaturity as possible factors which "...may predispose at least some children toward overlapping patterns of externalizing behavior problems and underachievement" (1992, p. 149).

Common Treatment Strategies

Treatment strategies for students with ADHD focus primarily on combined psychopharmacological and cognitive-behavioral approaches. The most commonly employed medications are stimulants such as methylphenidate (Ritalin) and dextroamphetamine (Dexadrine). These medications are said to have a paradoxical effect: They activate the brain stem, cortical inhibitory systems, and cortex to bring about a more focused and calm affect (Robertson, 1994). In conjunction with stimulant treatment, many youngsters with ADHD benefit from counseling that focuses on self-monitoring of behavioral excess and impulsivity. In short, medication is thought to enable the student with ADHD to benefit from the average learning environment while counseling often targets self-monitoring of behavior in less structured settings.

Purpose

This project was designed to explore the relationship between the use of methylphenidate with students with ADHD and their exhibition of pro-social behaviors (as measured by teacher ratings) as compared to students without ADHD in the norm sample.

Method

Subjects

This study focused on 111 male students with ADHD, between the ages of 6.5 and 12 years, who received pharmacological therapy with methylphenidate (Ritalin) and who were enrolled in the public education system of Georgia. The diagnosis of ADHD was reportedly given according to DSM-III-R criteria and was confirmed through a physician, a psychiatrist, and/or a licensed psychologist. All students were placed on methylphenidate at least six weeks prior to data collection and were reported to be medicated at the time of intellectual testing. Students with confounding diagnoses (e.g., mood disorders, mental retardation, traumatic brain injury, pervasive developmental disorder, learning disabilities) were excluded from this study. A concurrent diagnosis of Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) did not rule out participation given the researcher's intentional focus on social skills development. Students were identified with the assistance of local school system elementary principals and directors of special education. In order to assess a range of functioning levels, an attempt was made to acquire students from the four primary educational categories within which they are typically represented: Regular Education, Behavior Disorders--Resource, Behavior Disorders--Self Contained, and Psychoeducational services. Informed parental consent was obtained for each participant.

A total of 40.5% of the students were either on free or reduced lunch programs with 59.5% ascribed the regular fare. The mean chronological age of the sample was 9 years, 3 months. Indicators of intelligence ranged from 71 to 129. The mean IQ score for the sample was 99.03 with a standard deviation of 15.21.

Instruments

According to the manual (Gresham & Elliott, 1990), the Social Skills Rating Scale--Teacher Report (SSRS-T) was designed to provide an "...assessment system for students considered to be at risk for serious interpersonal difficulties" (p.2). It consists of a 30-item social skills scale that documents the perceived frequency and importance of targeted pro-social behaviors. According to Elliott et al. (1989), pro-social behaviors include "...sharing, helping, initiating relationships, requesting help from others, giving compliments, and saying 'please' and 'thank you'" (p. 224). Most teachers reported being able to complete the rating within a 10- to 20- minute time frame.

While there is currently much professional interest in both the areas of assessment and intervention for the social skills domain, rating scales have been plagued with poor reliability and validity. The SSRS-T appears to have established both successfully. A study conducted by Elliott, Gresham, and McClosky (1988) reported that the SSRS-T has high test-retest reliability ($r = .90$) over a six-week period, is internally consistent ($r = .96$), and has moderate inter-rater reliability ($r = .65$). Construct validity was substantiated in the same study by the presence of a high negative

correlation between the pro-social factors on the SSRS-T and factor scores on the Revised Behavior Problem Checklist (Elliott, Gresham, & McClosky, 1988).

Research Design and Procedure

A quasi-experimental design--a one group post test only design--was utilized for this project. The research procedures included the following:

1. Possible subjects were identified with the assistance of local school system elementary principals and directors of special education.

2. Consent for participation was obtained for each student.

3. A one-page information form was completed on each student. Data were taken from existing school records, medication bottles, and parent phone interviews. Questions asked included those pertaining to a student's diagnosis, medication dosage, length of time on medication, grade placement, Full Scale IQ score (when available), date of birth, and lunch status (free, reduced, pay).

4. The SSRS-T was completed by the student's primary teacher and collected from the school office.

5. General intellectual functioning was assessed for each student using Sattler's (1988) two subtest short-form of the WISC-III. The two subtests used were Vocabulary and Block Design. Assessment was scheduled between two and four hours post-medication ingestion for each student.

6. The student was weighed at the time of the assessment session using either a school scale or one provided by the examiner.

7. Medication scores were computed as a dose/weight percent for each student.

8. All SSRS-T scoring was computer generated by an independent consultant.

Statistical Analysis of Data

After compiling demographic and descriptive data on the sample, a frequency distribution was constructed in order to assess the degree of variability observed within the population of students with ADHD on a measure of social skills development. In addition, a chi-square test was conducted to determine if the variance of scores within the research sample differed from that reported with the normed group. Pearson product-moment correlations were obtained for the SSRS-T score, the medication, and the IQ score.

Results

Descriptive Data

As noted above, the average age for the sample was 9 years, 3 months. Indicators of intelligence ranged from 71 to 129 with a mean of 99.03 and a standard deviation of 15.21 (the WISC-III has a mean of 100 and a standard deviation of 15).

Analyses

An analysis of the variability of the SSRS-T scores is presented in Figure 1. The vertical axis reflects the frequency of occurrence for each score. The scores are presented on the horizontal axis at 5-point intervals. Standard scores for the SSRS-T have a mean of 100 and a standard

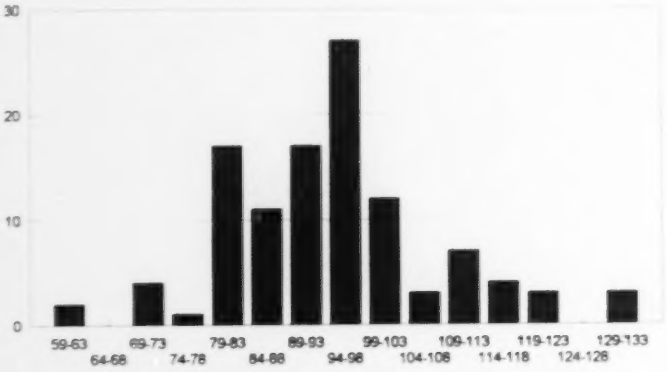

Figure 1. Frequency of SSRS-T Scores

deviation of 15 (Gresham & Elliott, 1990). Scores for this sample ranged from 59 to 130 with a mean of 94.0 and a standard deviation of 13.5. Kurtosis and skewness values are also reported; both fall within acceptable limits as screening measures for normality (Tabachnick & Fidell, 1989).

In addition to the frequency distribution, a chi-square test was conducted to assess the degree to which the variance of the scores for the research sample differed from that reported for the normed group. The obtain chi-square of 89.10 (with 110 degrees of freedom) was not significant at the .05 level. Consequently, the variance of the research sample was not found to be significantly different from that of the normed group for the SSRS-T.

Table 1 presents a correlation matrix using the Pearson product-moment correlation for all scores entered into the model. This procedure was chosen due to its parametric properties and usefulness when utilizing continuous data such as ability scores and social skills scores. This analysis is two-tailed as the researcher was concerned with the degree of relationship between the variables and not necessarily whether the relationship was positive or negative. In addition, separate correlations were computed to examine the relationship between SSRS-T, IQ, and medication scores with SES. SES was entered as a dichotomous variable--students were classified as being on either (a) free or reduced lunch payment (40.5% of the sample) or (b) full payment schedules (59.5% of the sample).

Statistically significant positive correlations were found between SSRS-T scores and I.Q. ($r = .29$, $p. < 01$, $n = 111$), between Medication scores and I.Q. ($r = .21$, $p. < 05$, $n = 111$), between SES and I.Q. ($r = .37$, $p. < 01$, $n = 111$), and between SES and Medication scores ($r = .27$, $p. < 01$, $n = 111$).

Table 1
Correlation Matrix of SSRS-T, I.Q., and Medication Scores with SES

	SSRS-T	I.Q.	Medication	SES
SSRS-T	-	-	-	-
I.Q.	.2853**	-	-	-
Medication	.1701	.2101*	-	-
SES	.0618	.3748**	.2658**	-

(All correlations are two-tailed)
* = $p < .05$
** = $p < .01$

Discussion

The social skills scale from the SSRS-T was used in this study for determining the level of individual social skills development with the sample of male students with ADHD. While scores were generally lower for these students with ADHD, the distribution of scores closely resembles that of the normal curve. This resemblance was confirmed by the chi-square test which indicated no significant difference between the distribution of scores for the research sample and those obtained with the normed group. The obtained sample distribution is thought to reflect the presence of individual differences in the exhibition of positive social skills for each student despite the moderating effects of pharmacological intervention with methylphenidate. Medication as a variable was not significantly correlated with SSRS-T scores. Clearly, other variables not incorporated in this design merit consideration to effectively explain these results.

Of interest is the significant relationship between IQ and SSRS-T scores. Upon reflection, this result is reasonable given the global nature of intelligence as assessed for this study and its probable impact on all areas of learning and memory. One would expect that the higher the global intellectual functioning of a student, the more resources would be available for learning positive social skills. In addition, given the evidence of biological substratas of intelligence as defined by scores on commonly used assessment instruments (Lezak, 1983; Sattler, 1988), another explanation for this statistically significant relationship between IQ and SSRS-T scores might be that parental intellectual resources are generally commensurate with those of their children and influence the home environment of students with ADHD in a manner that encourages the attainment of positive social skills.

The correlation between the Medication score and the IQ score was also statistically significant at the .05 level. Consequently, it would appear that there is a statistically significant relationship between the amount of medication given to a student (dose/weight) and the student's performance on measures of intellectual functioning. There are two sets of information which might clarify this result. First, considerable research during the last decade has focused on the effects of methylphenidate on learning and achievement. One of the most frequently cited articles is that of Rapport, Stoner, DuPaul, Birmingham, and Tucker (1985). These authors explored the differential effects of three doses of methylphenidate with a placebo on the academic performance of boys with ADHD in a double-blind, crossover experimental design. Dosage was shown to affect achievement in a

linear manner, with higher doses resulting in optimal performance. This same trend has been documented by numerous other studies (e.g., Barkley, DuPaul, & McMurray, 1991; Carlson & Brunner, 1993; Douglas, Barr, Amin, O'Neill, & Britton, 1988; Rapport & Kelly, 1991). These articles would lend support for the notion that there is a linear relationship between medication and cognitive performance, with ADHD students performing better while on higher doses of medication.

A second influence on the observed relationship between medication dose and cognitive functioning might be that students with higher IQs come from more enlightened home environments and therefore have caregivers who are more open to trying higher doses of methylphenidate. At the present time, there is little information reported on this topic; however, parental views on medication would appear to be a plausible contributing factor towards explaining the present findings and one that merits further study.

And, the correlation between SES and Medication dose was statistically significant at the .01 level. A review of the literature reveals a void in the data base for this finding. Consequently, any discussion of the relationship between these variables is highly speculative. One explanation for this result might be that families with higher incomes have more resources with which to pursue pharmacological therapy for their children. They might also be more inclined to continue taking their child back to the physician for medication adjustments and more open to additional financial costs. In addition, given the aforementioned relationship between socioeconomic status and intelligence, higher SES parents might be more aware of the reported efficacy of higher doses of methylphenidate for optimal learning and achievement with students with ADHD.

A last finding, notable for its lack of statistical significance, is the small correlation between the Medication score and SSRS-T scores. This finding was somewhat unexpected given the extensive documentation of reduced impulsivity and increased inhibition of negative responses for students with ADHD while on medication (Barkley et al., 1991; Hinshaw, 1991; Pelham, 1993; Swanson et al., 1993). Also, Hinshaw (1991) reported that for "...many children with ADHD moderate doses of methylphenidate both decrease aggression and increase pro-social interactions with peers in play settings" (cited in Pelham, 1993, p. 203). Pelham points out, however, that upon closer inspection, the increase in pro-social interaction occurred with a concurrent behavioral and pharmacological therapeutic model. In the same article, Pelham reports data collected during a summer treatment program for students with ADHD. While there was a marked decrease in negative behaviors, the increase in positive behaviors was minimal. Most positive behavioral gains were found in the child's ability to follow rules, with few gains noted for positive peer interactions (Pelham, 1993). The low correlation between the Medication score and SSRS-T scores obtained in the present study lends additional support for the conclusions drawn by Swanson et al. (1993) following a meta-analysis of current literature on ADD. These authors point out that treatment of students with ADD or ADHD with stimulant medication does not result in "significant improvement of positive social skills" (p. 159).

Conclusions and Recommendations

It is important to note that the constructs explored with this study are best described as complex; therefore interpretive discussions must be considered highly speculative in nature. Given the above, the results of this study would support Barkley's (1989, 1990) notion that while ADHD is

generally thought of as being caused by physiological factors, social skills attainment and/or the development of aggressive and oppositional behaviors in students with ADHD is best seen as an environmentally influenced outcome of the disorder. In addition, Sattler (1988) stressed the influence of environmental and familial factors on the assessed intelligence of children. While this study did not find a statistically significant relationship between SES and social skills scores (SSRS-T), there was a statistically significant relationship between SES and IQ. It could be that SES serves as a secondary influence on social skills attainment with other environmental variables being primary. Further research in this field is necessary before informed conclusions can be drawn on this topic. Such research might focus on the degree to which educational placement effects the exhibition of pro-social behavior for students in regular, behavior disordered, and psychoeducational settings. In addition, given the correlations obtained in the present study, further examination might be given to the predictive power of a combination of variables (including medication, IQ, and SES) for social skill development. As noted by Hinshaw (1992), explanatory models for the emergence of the behavioral characteristics of ADHD must incorporate "sufficient rigor and complexity to handle the diversity of causal factors" (p. 151).

In summary, it would seem that the development of positive social skills (and the failure to develop aggressive and oppositional behaviors) in this population might best be conceptualized as a result of a physiological predisposition that is influenced by complex environmental forces that have yet to be researched in any deph. Educators interested in promoting pro-social development with such students should therefore be encouraged to pro-actively incorporate social skills training within the framework of their current classroom curriculum.

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Attrition of Personnel in the Georgia Psychoeducational Network Over Six Years--1986-1992

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An examination of attrition rates across total staff and five categories of employees in the 24 Programs in the Georgia Psychoeducational Network over six years--1986-1992--was conducted. More detailed comparisons of demographic variables for one group of high attrition Programs and one group of low attrition Programs in 1991-1992 were also conducted. Results indicated that attrition rates for the Programs were higher than the rates for general education and special education programs both in Georgia and nationally. The highest rates of attrition were for Teachers and Support Teachers (paraprofessionals) across all years. While the more detailed comparisons of demographic variables for high attrition and low attrition Programs did not produce statistically significant differences, directional results of differences were identified. Recommendations for reducing attrition and continuing investigations of the impact of attrition are provided.

Personnel retention in organizations has long been recognized by behavioral and social scientists as a primary force in organizational survival (March & Simon, 1958). In 1981, the national average of staff turnover in human service fields was approximately 10% (Whitebook, 1981). Teaching as a profession has one of the highest turnover rates of any profession (Brookover & Erickson, 1975; Davis, 1965; Mason, 1961; Pavalko, 1965, 1970; Georgia Professional Standards Commission (PSC), 1990). To complicate the problem in special education, there are significant teacher shortages, especially with teachers of children with behavioral and emotional problems (E/BD) (Huntze & Grosenick, 1980; Kelley, 1988; Kidd, 1980; Lauritzen & Heiss, 1989; PSC, 1990). Staff turnover in organizations that educate students with severe emotional/behavioral disorders (SE/BD) is particularly critical as these students function most effective in a structured and stable setting (Haring & Phillips, 1962).

Many studies have been conducted to determine the reasons for attrition in the field of special education. Those organizational reasons most often cited include problems with administrative support, paperwork, inconsistent support staff, lack of recognition, and burnout; also included are stress, inadequate salary, frustration over lack of time for individual students, legal concerns, and lack of community support and prestige (Hamm, 1993, p. 2).

Attrition is a significant problem as indicated by the statements of Futrell, President of the National Education Association, who estimated that only half the teachers entering the field remain

for more than five years (cited in Geiger & Smith-Davis, 1986). A study in Wisconsin (Lauritzen & Heiss, 1989) reported that the annual attrition rate for teachers of behavior disordered/severely emotionally disturbed (BD/SED) students was 15%. And the PSC (1990) indicated that the attrition rate for 1986-1987 for general educators in Georgia was 7.9% while special education experienced a 10.9% loss. In general, the attrition rate for special education exceeds that for general education (Hamm, 1993). And Smith-Davis, Burke, and Noel (1983) found that nearly a third of the BD/SED teachers leave their jobs after three or four years. This was confirmed in succeeding years by the Tenth Annual Report to Congress (1988) which noted that the need for BD/SED teachers is 50% greater than for teachers of students with learning disabilities or mental retardation (Knitzer, Steinberg, Fleisch, 1990).

The Georgia Psychoeducational Program Network (GPN) is composed of 24 regionally based Programs in Georgia which provide comprehensive services to students with severe emotional/behavioral disorders and their families. This Network is unique in the country. While prior studies concerning attrition and job satisfaction among teachers of E/BD students in the psychoeducational programs in Georgia (Seery, 1990) and teachers of BD in general (Lawrenson & McKinnon, 1980) have been conducted, no studies have been conducted examining the attrition rate of all categories of personnel in GPN programs over a significant period of time.

Purpose

The purposes of this study were to: (1) Examine the attrition rates for psychoeducational Programs as a whole and for five specific groups of personnel individually--Leaders (directors, coordinators, supervisors), Teachers, Support Teachers (paraprofessionals), Clinical Support Personnel (social workers, parent workers, intake workers, and psychologists), and Other Support Personnel (secretaries, bus drivers, evaluators, and monitors) over a six year period; (2) compare the differences among high attrition rate and low attrition rate Programs on selected demographic variables.

Methodology

In order to examine the attrition rates over the six year period, two surveys were used to collect data. The first survey was used to collect 1986-1992 employment data to ascertain the total number of staff, by job classification, employed in each Program for each year during that period. The second survey--The Attrition Survey Form--was used to determine the numbers and categories of staff who had left the employment, by Program, for each year during the six year period.

To compare differences, a group of high attrition rate Programs and a group of low attrition rate Programs were identified for the most current year of the study 1991-1992. Using Kelley's (1939) criteria, the seven programs with the highest and the seven programs with the lowest attrition rates were selected because they represented the upper and lower 27% which yields the optimum point at which extreme groups maximize discrimination and reliability for meaningful comparisons. Demographic variables for all employees during 1991-1992 were requested including gender, race, age, job, tenure, experience, certification, degree, and plans for remaining with or departing from the program. All of these data were collected in the five categories of

personnel--Leaders (directors, coordinators, supervisors), Teachers, Support Teachers (paraprofessionals), Clinical Support Personnel (social workers, parent workers, intake workers, and psychologists), and Other Support Personnel (secretaries, bus drivers, evaluators, and monitors).

Results

The results are presented in two sections. One focuses on a detailed historical perspective of employment and attrition rates over the six year period. The second focuses on more indepth comparisons for high attrition and low attrition Programs for the most current year of the study--1991-1992.

Historical Perspective

Table 1 provides the total number of positions by job category in the GPN for the six years of the study. These data suggest that there has been a slow but steady increase in the total number of personnel over the years from 1068 people in 1986-87 to 1271 people in 1991-92. The largest areas of increase were in the area of Teachers and Support Teachers with fairly steady maintenance of personnel in the categories of Leaders, Clinical Support Personnel, and Other Support Personnel.

Table 1
Total Number of Positions by Job Category in the GPN 1986-1987 through 1991-1992

Category	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92
Leaders	88	92	91	92	93	97
Teachers	367	368	389	399	409	451
Support teachers	341	349	376	392	399	444
Clinical support	151	152	148	143	133	140
Other support	121	120	118	130	126	139
Total	1068	1081	1122	1156	1160	1271

Attrition rates for the Programs ranged from a low of 0% for several Programs to a high of 37% for several Programs over the six year period. Mean attrition rates for all 24 Programs for the six years ranged from 16.53% in 1988-1989 to 8.96% in 1991-1992.

For 1991-1992, the most current year of the study, Teachers represented the largest category of employees (n=451; 35.6%) followed closely by Support Teachers (n=444; 34.9%). Clinical Support Personnel and Other Support Personnel had moderate numbers of personnel (n=140,

11.0%) and (n=139, 10.9%), respectively. The smallest category of employees was Leaders which represented (n=97, 7.6%).

Tables 2-7 provide specific data concerning the attrition rates for the total staff and the five job categories for the six year period by Program. The ranges and medians of mean annual attrition rates for the total staff and each of the five job categories are presented in Table 8.

Analyses of the attrition data for each of the five job classifications revealed the following results. Leaders had low attrition rates ranging from 2.71% to 9.08%. Teachers had high attrition rates ranging from 8.96% to 19.88%. Among Teachers, some Programs experienced extremely high attrition rates; rates were as high as 60% (Program #4, 1988-1989). Attrition rates of 36% and above were relatively common for Teachers in specific Programs. Support Teachers (Paraprofessionals) had the highest attrition rates of all job classifications in the study ranging from 12.83% to 21.25%. Among Support Teachers, some Programs experienced very high attrition rates; rates were as high as 70% and rates above 40% were not uncommon. Among Clinical Support Personnel, the attrition rates were relatively moderate ranging from 6.17% to 14.92%. Among Other Support Personnel, attrition rates ranged from 5.7% to 12.79%. None of the Programs had especially high attrition rates for Other Support Personnel during any of the six years of the study.

These results indicate that attrition among Teachers and Support Teachers in the GPN tend to be considerably higher than their other colleagues in the GPN and their counterparts in the other human services fields. Attrition rates for these personnel were even higher than those reported for BD/SED teachers in the Wisconsin study (15%). These two categories account both for the largest number of personnel and the highest rates of attrition. The next most significant attrition was for Clinical Support Personnel.

Indepth Comparisons for Attrition--1991-92

To complete more indepth comparisons of attrition data for one year, two groups of Programs were formed consistent with Kelley's (1939) criteria. The seven Programs with the highest attrition rates for 1991-1992 for total staff (10.68%-27.27%) comprised the "High Attrition" programs; the seven Programs with the lowest attrition rates for total staff (0.00-3.33%) comprised the "Low Attrition" programs. Using these two groups and the total group, comparisons were made across nine demographic variables.

Of the 1271 personnel employed by the GPN in 1991-1992, 928 (response rate of 73.01%) provided complete demographic information. These data are included in these comparisons (see Table 9).

Chi-square tests were conducted on all nine demographic variables; however, no statistically significant differences between the Low Attrition and the High Attrition groups were identified at the .05 level of significance. The following statements are directional statements for these results.

More males were employed in Low Attrition Programs than High Attrition Programs. A higher percent of females were represented in the High Attrition Programs. The percent of Caucasians was higher in High Attrition programs than in Low Attrition Programs. Conversely, the percent of African-Americans was greater in the Low Attrition Programs than in the High Attrition Programs. High Attrition Programs had a higher rate of staff in the year age group than the Low Attrition Programs. Low Attrition Programs had a higher rate of staff in the 30-39 year and 40-49 year age groups. Thus, the older the staff, the more likely they were to belong to the Low Attrition

Table 2
Attrition Rates and Total Staff in the GPN 1986-87 through 1991-1992

Program#	86-87	87-88	88-89	89-90	90-91	91-92
1	7%(70)	8%(74)	12%(78)	12%(69)	13%(62)	3%(60)
2	9%(22)	4%(23)	35%(23)	8%(24)	8%(24)	missing
3	10%(52)	19%(52)	8%(53)	5%(55)	11%(57)	14%(59)
4	24%(41)	19%(42)	32%(41)	5%(41)	17%(41)	0%(39)
5	25%(59)	27%(64)	30%(63)	30%(66)	37%(65)	8%(65)
6	13%(45)	18%(45)	26%(47)	33%(45)	20%(46)	19%(46)
7	4%(96)	3%(99)	3%(103)	7%(105)	1%(105)	0%(107)
8	4%(47)	19%(49)	6%(49)	19%(49)	10%(49)	2%(53)
9	9%(55)	12%(60)	20%(59)	10%(73)	6%(79)	5%(79)
10	7%(28)	21%(29)	6%(33)	24%(33)	11%(35)	3%(36)
11	11%(38)	20%(35)	19%(36)	5%(40)	13%(40)	7%(42)
12	19%(83)	21%(81)	14%(88)	16%(88)	7%(103)	11%(103)
13	12%(41)	14%(42)	0%(42)	9%(43)	8%(40)	2%(41)
14	17%(42)	28%(43)	28%(43)	42%(45)	20%(49)	24%(46)
15	11%(35)	11%(36)	8%(37)	3%(38)	11%(38)	3%(40)
16	0%(24)	8%(26)	23%(26)	19%(27)	19%(27)	19%(27)
17	25%(36)	23%(26)	17%(30)	37%(38)	31%(32)	27%(33)
18	18%(55)	11%(55)	17%(52)	9%(54)	12%(52)	5%(58)
19	8%(61)	18%(66)	2%(67)	18%(72)	27%(70)	19%(70)
20	7%(29)	19%(27)	7%(27)	15%(27)	7%(28)	5%(28)
21	14%(43)	20%(41)	24%(46)	13%(45)	11%(46)	10%(50)
22	11%(57)	19%(54)	11%(62)	13%(60)	5%(65)	5%(66)
23	24%(42)	7%(42)	11%(47)	6%(48)	14%(50)	6%(51)
24	22%(45)	16%(45)	16%(55)	20%(56)	13%(47)	9%(45)
mean	12.96%	16.04%	16.54%	15.75%	13.83%	8.96%
Total staff	1146	1156	1207	1241	1250	1244

Table 3
Attrition Rates and Total Leaders in the GPN 1986-87 through 1991-1992

Program#	86-87	87-88	88-89	89-90	90-91	91-92
1	40%(5)	20%(5)	25%(4)	25%(4)	25%(4)	0%(4)
2	0%(1)	0%(1)	0%(1)	0%(1)	0%(1)	missing
3	0%(3)	0%(4)	0%(4)	0%(4)	0%(5)	0%(6)
4	0%(5)	0%(5)	20%(5)	0%(5)	0%(5)	0%(4)
5	0%(4)	25%(4)	25%(4)	0%(4)	0%(4)	25%(4)
6	0%(3)	0%(3)	33%(3)	0%(3)	25%(4)	0%(4)
7	0%(4)	0%(4)	0%(4)	0%(3)	0%(4)	0%(4)
8	0%(4)	0%(4)	0%(4)	25%(4)	0%(4)	0%(4)
9	0%(4)	0%(4)	0%(4)	0%(4)	0%(4)	0%(4)
10	0%(1)	0%(2)	0%(2)	0%(2)	0%(2)	0%(2)
11	0%(4)	25%(4)	25%(4)	0%(4)	25%(4)	0%(4)
12	0%(6)	0%(6)	0%(6)	0%(6)	0%(6)	0%(6)
13	missing	missing	missing	missing	missing	missing
14	0%(5)	0%(5)	0%(5)	0%(5)	0%(5)	20%(5)
15	25%(4)	0%(4)	0%(4)	0%(4)	0%(4)	0%(4)
16	0%(3)	0%(4)	0%(4)	0%(4)	0%(3)	0%(3)
17	0%(2)	0%(2)	0%(2)	0%(2)	33%(3)	0%(3)
18	0%(3)	0%(3)	33%(3)	0%(4)	0%(3)	0%(3)
19	0%(5)	0%(6)	17%(6)	0%(6)	0%(6)	20%(5)
20	0%(2)	0%(2)	0%(2)	0%(2)	0%(2)	0%(2)
21	0%(5)	0%(5)	20%(5)	0%(5)	0%(5)	0%(4)
22	0%(4)	0%(4)	0%(5)	0%(5)	0%(5)	0%(6)
23	0%(7)	0%(7)	0%(7)	0%(7)	0%(7)	0%(7)
24	0%(5)	0%(5)	20%(5)	20%(5)	0%(5)	0%(5)
mean	2.71%	3.96%	9.08%	2.92%	4.50%	2.83%

Table 4

Attrition Rates and Total Teachers in the GPN 1986-87 through 1991-1992

Program#	86-87	87-88	88-89	89-90	90-91	91-92
1	12%(25)	11%(27)	17%(30)	16%(25)	14%(22)	9%(22)
2	9%(11)	0%(11)	10%(11)	0%(12)	8%(13)	missing
3	17%(23)	18%(23)	4%(24)	8%(26)	7%(27)	7%(28)
4	9%(12)	33%(12)	60%(10)	9%(11)	9%(11)	0%(18)
5	30%(23)	25%(24)	38%(24)	46%(24)	39%(23)	9%(22)
6	14%(14)	36%(14)	20%(15)	53%(15)	2%(15)	7%(16)
7	6%(33)	6%(35)	3%(37)	5%(38)	3%(38)	0%(39)
8	14%(14)	41%(15)	7%(15)	28%(15)	0%(16)	0%(17)
9	12%(17)	15%(20)	29%(21)	4%(26)	14%(29)	3%(29)
10	10%(10)	10%(10)	0%(12)	33%(12)	23%(13)	7%(14)
11	0%(11)	30%(10)	20%(10)	9%(11)	0%(10)	11%(9)
12	18%(38)	27%(37)	10%(41)	20%(41)	15%(46)	16%(45)
13	11%(18)	0%(16)	0%(16)	6%(16)	6%(16)	0%(17)
14	36%(11)	20%(10)	25%(12)	39%(13)	21%(14)	33%(15)
15	18%(11)	18%(11)	18%(11)	9%(11)	18%(11)	8%(12)
16	0%(9)	11%(9)	33%(9)	11%(9)	22%(9)	11%(9)
17	31%(13)	25%(8)	27%(11)	42%(12)	39%(13)	39%(13)
18	22%(18)	5%(19)	22%(18)	0%(18)	11%(19)	5%(22)
19	5%(21)	27%(22)	38%(24)	28%(25)	40%(25)	19%(27)
20	13%(8)	25%(8)	25%(8)	38%(8)	13%(8)	0%(9)
21	14%(14)	14%(14)	21%(14)	21%(14)	13%(16)	12%(17)
22	18%(17)	27%(15)	17%(18)	25%(16)	0%(19)	10%(19)
23	36%(11)	17%(12)	8%(12)	15%(13)	27%(15)	0%(15)
24	23%(13)	23%(13)	6%(16)	12%(17)	23%(13)	0%(17)
mean	15.75%	19.33%	19.08%	19.88%	15.29%	8.96%

Table 5
Attrition Rates and Total Support Teachers in the GPN 1986-87 through 1991-1992

Program#	86-87	87-88	88-89	89-90	90-91	91-92
1	0%(25)	4%(27)	10%(29)	14%(25)	0%(22)	0%(20)
2	17%(6)	20%(5)	60%(5)	40%(5)	0%(5)	missing
3	8%(12)	42%(12)	25%(12)	8%(12)	27%(11)	45%(11)
4	50%(12)	23%(13)	29%(14)	7%(14)	29%(14)	0%(25)
5	37%(19)	36%(22)	33%(21)	38%(21)	70%(20)	5%(21)
6	21%(14)	14%(14)	33%(15)	27%(15)	18%(17)	35%(17)
7	7%(31)	3%(32)	3%(34)	3%(35)	0%(35)	0%(36)
8	0%(14)	13%(16)	7%(16)	7%(15)	19%(16)	0%(18)
9	0%(20)	14%(22)	18%(22)	13%(30)	3%(30)	7%(30)
10	0%(12)	33%(12)	14%(14)	29%(14)	7%(15)	0%(15)
11	8%(12)	25%(12)	9%(12)	7%(15)	6%(17)	11%(18)
12	25%(28)	18%(28)	19%(31)	10%(31)	0%(40)	7%(41)
13	0%(7)	50%(10)	0%(10)	20%(10)	0%(11)	9%(11)
14	9%(11)	36%(11)	42%(12)	62%(13)	38%(16)	13%(15)
15	9%(11)	0%(12)	8%(13)	0%(13)	0%(13)	0%(14)
16	0%(7)	14%(7)	43%(7)	14%(7)	33%(9)	33%(9)
17	33%(12)	38%(8)	10%(10)	44%(16)	27%(11)	31%(13)
18	27%(23)	18%(23)	15%(21)	23%(22)	10%(21)	4%(25)
19	15%(20)	23%(22)	17%(23)	4%(26)	29%(25)	19%(26)
20	9%(12)	19%(11)	0%(11)	10%(11)	7%(12)	10%(10)
21	14%(14)	27%(11)	19%(16)	14%(15)	13%(16)	17%(18)
22	16%(19)	17%(18)	14%(22)	17%(23)	8%(24)	4%(24)
23	33%(12)	9%(11)	20%(15)	8%(13)	21%(14)	14%(14)
24	36%(14)	14%(14)	33%(21)	29%(21)	19%(16)	31%(13)
mean	15.58%	21.25%	20.04%	18.67%	16.00%	12.83%

Table 6
Attrition Rates and Total Clinical Support Personnel in the GPN 1986-87 through 1991-1992

Program#	86-87	87-88	88-89	89-90	90-91	91-92
1	0%(11)	0%(11)	0%(11)	18%(11)	40%(10)	0%(10)
2	0%(2)	0%(2)	50%(2)	0%(2)	0%(2)	missing
3	0%(9)	11%(9)	0%(9)	0%(9)	11%(9)	0%(9)
4	13%(8)	0%(8)	13%(8)	0%(5)	20%(5)	0%(6)
5	20%(5)	20%(5)	0%(5)	0%(5)	20%(5)	0%(5)
6	11%(9)	0%(9)	22%(9)	29%(7)	40%(5)	40%(5)
7	0%(3)	0%(3)	33%(3)	67%(3)	0%(3)	0%(3)
8	0%(9)	12%(9)	12%(9)	13%(9)	27%(8)	13%(8)
9	9%(11)	0%(11)	22%(9)	20%(10)	0%(12)	8%(12)
10	100%(1)	100%(1)	0%(1)	0%(1)	0%(1)	0%(1)
11	missing	missing	missing	missing	missing	missing
12	17%(6)	33%(6)	17%(6)	0%(6)	0%(7)	14%(7)
13	14%(7)	0%(7)	0%(7)	14%(7)	22%(5)	9%(5)
14	10%(10)	25%(12)	22%(9)	56%(9)	11%(9)	29%(7)
15	0%(3)	67%(3)	0%(3)	0%(3)	0%(3)	0%(3)
16	0%(2)	0%(3)	0%(4)	25%(4)	0%(3)	0%(3)
17	17%(6)	0%(5)	25%(4)	40%(5)	0%(3)	0%(2)
18	0%(7)	0%(7)	15%(7)	0%(6)	18%(6)	0%(5)
19	10%(10)	9%(11)	11%(9)	50%(10)	11%(9)	29%(7)
20	0%(6)	22%(5)	0%(5)	0%(5)	0%(5)	0%(5)
21	29%(7)	38%(8)	50%(8)	13%(8)	17%(6)	0%(5)
22	9%(11)	9%(11)	9%(11)	0%(10)	0%(10)	0%(10)
23	33%(6)	0%(6)	13%(8)	0%(8)	0%(8)	0%(8)
24	13%(8)	0%(8)	0%(8)	13%(8)	0%(8)	0%(8)
mean	13.79%	14.42%	14.92%	14.92%	10.71%	6.17%

Table 7
Attrition Rates and Total Other Support Personnel in the GPN 1986-87 through 1991-1992

Program#	86-87	87-88	88-89	89-90	90-91	91-92
1	0%(4)	25%(4)	0%(4)	0%(4)	0%(4)	0%(4)
2	0%(2)	0%(4)	50%(4)	0%(4)	33%(3)	missing
3	0%(5)	0%(5)	0%(5)	0%(5)	0%(5)	22%(5)
4	0%(4)	25%(4)	0%(4)	0%(6)	18%(6)	0%(7)
5	0%(8)	11%(9)	22%(9)	8%(12)	0%(13)	8%(13)
6	0%(5)	20%(5)	20%(5)	20%(5)	0%(5)	0%(4)
7	0%(25)	0%(25)	0%(25)	8%(25)	0%(25)	0%(25)
8	0%(6)	0%(6)	0%(6)	14%(7)	0%(6)	0%(7)
9	67%(3)	33%(3)	0%(3)	0%(3)	0%(4)	0%(4)
10	0%(4)	0%(4)	0%(4)	0%(4)	0%(4)	0%(4)
11	29%(4)	0%(4)	0%(4)	0%(5)	50%(4)	0%(9)
12	20%(5)	0%(4)	25%(4)	0%(4)	0%(4)	0%(4)
13	40%(5)	0%(5)	0%(5)	0%(6)	22%(5)	0%(4)
14	20%(5)	60%(5)	40%(5)	20%(5)	0%(5)	25%(4)
15	0%(6)	0%(6)	0%(6)	0%(7)	31%(7)	0%(7)
16	0%(3)	0%(3)	0%(2)	67%(3)	0%(3)	33%(3)
17	0%(3)	33%(3)	0%(3)	0%(3)	50%(2)	0%(2)
18	0%(5)	25%(4)	0%(4)	0%(5)	25%(4)	29%(4)
19	0%(5)	0%(5)	20%(5)	0%(5)	0%(5)	0%(5)
20	0%(2)	0%(2)	0%(2)	0%(2)	0%(2)	0%(2)
21	0%(3)	0%(3)	0%(3)	0%(3)	0%(3)	0%(3)
22	0%(6)	35%(6)	0%(6)	0%(6)	14%(7)	0%(7)
23	0%(6)	0%(6)	0%(5)	0%(7)	0%(6)	14%(7)
24	20%(5)	40%(5)	0%(5)	20%(5)	0%(5)	0%(5)
mean	8.17%	12.79%	7.38%	6.54%	10.13%	5.70%

Table 8
Summary of Ranges and Median Annual Attrition Rates (1986-1992) for All Staff and Five Categories of Employees in the GPN

Group	Range	Median	Reference
Total Staff	8.96%-16.54%	14.9%	(Table 2)
Leaders	2.71%- 9.08%	3.4%	(Table 3)
Teachers	8.96%-19.88%	17.4%	(Table 4)
Support Teachers	12.83%-21.25%	17.3%	(Table 5)
Clinical Support Personnel	6.17%-14.92%	14.1%	(Table 6)
Other Support Personnel	5.70%-12.79%	7.8%	(Table 7)

Table 9
Summary of Descriptive Data Comparison for Demographic Variables for Total Group, Low Attrition, and High Attrition Programs in 1991-1992 (n=928)

Variable	Total Group	Low Attrition	High Attrition
Gender			
Male	15.9%	20.3%	14.2%
Female	81.4%	78.5%	85.1%
Race			
Caucasian	72.4%	70.7%	80.2%
African-American	22.0%	24.3%	18.7%
Age			
30 Years	20.4%	21.8%	26.8%
30-39 Years	38.1%	40.8%	36.6%
40-49 Years	31.0%	32.4%	26.8%
Job Category			
Leader	9.4%	8.0%	9.8%
Teacher	35.0%	36.6%	40.4%
Support Teacher	31.3%	37.0%	27.6%
Clinical Support	14.4%	11.8%	16.4%
Other Support	6.6%	6.5%	5.5%
Tenure			
1 Year	13.6%	14.9%	15.8%
1-5 Years	39.7%	38.5%	42.5%
6-10 Years	22.5%	26.0%	21.2%
11-20 Years	20.7%	20.2%	19.4%
Experience			
1 Year	24.0%	25.6%	24.9%
1-5 Years	37.1%	34.4%	42.5%
6-10 Years	18.3%	21.0%	16.8%
11-20 Years	15.0%	17.6%	12.8%
Certification			
None	28.2%	29.6%	24.5%
Professional	17.8%	18.2%	23.1%
Professional	49.6%	51.4%	51.8%
Degree			
None	30.2%	35.1%	23.8%
Bachelors	27.9%	25.1%	33.3%
Masters	27.6%	22.8%	29.7%
Plans			
Remain	64.0%	72.8%	59.0%
Leave	29.1%	26.4%	39.1%

Program group. This may be due in part to the fact that older, more mature individuals are usually more settled and not as mobile as younger, inexperienced workers who traditionally have not established roots and families to help keep them from leaving.

Low Attrition Programs had a higher percent of Support Teachers and Other Support Personnel than High Attrition Programs. High Attrition Programs had a higher percent of Leaders, Teachers, and Clinical Support Personnel. These represent the professional staff of the GPN.

High Attrition Programs had slightly more staff in the < 1 year and 1-5 years of tenure in the same job than the Low Attrition Programs. Beyond that level of tenure, the Low Attrition Programs had greater membership in the 6-10 year and 11-20 year ranges. This indicated that people with at least five years of experience tended to remain with their employers at a level somewhat higher than their counterparts in High Attrition Programs.

Experience in similar jobs outside the GPN seemed to suggest a trend. Those employees who had 1-5 years of experience in similar jobs tended to belong to the High Attrition Programs at a higher rate than those in the Low Attrition Programs. However, those with 6-10 years and 11-20 years of experience tended to belong to the Low Attrition Programs.

Slightly more than half of the participants in both the Low Attrition and High Attrition Programs had professional certification. Low Attrition Programs had a higher rate of non-certified personnel, while High Attrition Programs had a higher rate of less than fully certified professional staff.

Low Attrition Programs had a larger percent of personnel without college degrees, while High Attrition Programs had a larger percent of personnel with bachelor's and master's degrees. This suggested that noncollege educated personnel might be less mobile and tend to remain with their employers. More qualified personnel with bachelor's and master's degrees belonged to High Attrition Programs at higher rates than the less qualified participants.

Programs with the lowest rates of attrition for 1991-1992 had a larger percent of employees who planned to remain as employees at least three more years. High Attrition Program employees reported that 39.1% planned to leave within three years. This probably reflects their current dissatisfaction, but the rate is not unique and is only slightly higher than those reported in other studies of teachers of BD/SED students (Smith-Davis et al., 1983; PSC, 1990).

Conclusions

Teachers and Support Teachers experienced the highest rates of attrition of all five job categories for the period of 1986-1992. The 1991-1992 year had the lowest rates of attrition for the six-year period. Excluding 1991-1992, Teachers experienced a mean attrition rate of 17.86% per year, while Support Teachers experienced a 18.31% rate per year. Attrition rates for Teachers for some Programs during the 1986-1992 period frequently were 36% or higher. These two categories of employees work directly with SE/BD students day after day. The students are often very difficult to manage and teach, and progress comes slowly and in small increments. This direct contact and possibly increased stress might be a reason that such a large number of Teachers and Support Teachers are leaving the Programs. Demographic variables of Race, Plans, Gender, and Degree were the primary variables which appeared to differentiate group membership.

Recommendations

Leaders might consider several actions related to these results concerning attrition. For example, leaders might periodically ask current employees to identify their own needs. If these needs are effectively addressed, a reduction in attrition rates could be realized.

Leaders might conduct exit interviews with employees who leave to explore their reasons for terminating their current employment. This could be an opportunity to explore problem areas that might need to be addressed and resolved with other employees.

Personnel who work directly with SE/BD students might need to be given special consideration to encourage them to remain in their jobs. Administratively, it is usually easier to have staff without classroom responsibilities attend conferences, attend student IEP committee meetings, and participate on other committees. This practice might need to be changed to give teachers and support teachers more of these opportunities.

From another perspective, perhaps a high rate of attrition is expected among personnel working directly with the SE/BD population. Administrators could anticipate this and attempt to move such personnel to other non-direct instructional positions within their Programs periodically when possible. Also, leaders might conclude that on-going recruitment of teachers and support teachers is a necessary part of an administrator's responsibilities and incorporate that activity into annual planning.

Those Programs experiencing recurring high rates of attrition might explore the reasons for such attrition through a self-study or needs assessment. Measures of climate and/or culture of the workplace have been used successfully to investigate concerns such as these. When formal needs assessments are conducted, external factors and clients are often emphasized. Needs of those personnel providing services should also be studied. If needs of both groups could be addressed simultaneously, the potential for real improvement would be increased.

Retention of experienced personnel, especially teachers, is necessary for the GPN since few personnel are being trained in the field of behavior disorders. A better understanding of the role that demographics and culture play in attrition might help to lower the attrition rates in Programs, and consequently, provide a more stable environment for the SE/BD student.

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A Ten Year Comparison of Demographic Descriptors of Students with Severe Emotional/Behavioral Disorders (SE/BD) in Georgia

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This study compared SE/BD students in the Georgia Psychoeducational Network served in FY 85 with those served in FY 95 across 14 demographic descriptors. Significant findings included the following: An increase of the male to female ratio to 4:1, a change in majority race from black to white, a change in family status from predominantly two parent families to one parent families, a change in median age from 8 years to 10 years, a change in student class placement at referral from special education resource class to special education self-contained class, an increase of primary service--full day classes from 43.1% to 71.6%, and a change in student class placement at exit from special education resource class to special education self-contained class. Specific data on each descriptor are provided along with a brief discussion. Implications are discussed.

Background

The 24 regionally based programs (Programs) in the Georgia Psychoeducational Network (GPN) have been serving students with severe emotional/behavioral disorders (SE/BD) and their families and teachers for over 25 years. Demographic descriptors of statewide populations of students with disabilities are rare, and descriptions of populations of students with SE/BD are even rarer. While some studies of demographic descriptors of SE/BD students served in the GPN have been conducted (Jordan, 1985; Moffett & Swan, 1988; Research Consortium, 1987a,1987b), none has provided a comparison over a decade. Such a comparison can provide a perspective to assess the changing trends and characteristics of the population served and may reflect, or predict, changes in our multicultural society.

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Method

In order to provide the ten year comparison, common descriptors on students served during the 1984-1985 school year (FY 85) (Research Consortium, 1987) were compared with those on students served during the 1994-1995 school year (FY 95). In order to gather the FY 95 data, the senior author distributed a student demographic questionnaire to the directors of all 24 GPN programs with a request to provide complete information on all SE/BD students served in FY 95. For the purposes of this study, an SE/BD student was one who had been served by a GPN program in FY 95 and who had complete data provided by the GPN program. Some students from the original FY 95 population were deleted because of incomplete data. A total of 4075 students with SE/BD served in FY 95 were included in this study; the comparison group from FY 85 totaled 5008 students.

Results

The results are presented in four groups--personal characteristics, referral information, program services, and program exit--for both FY 85 and FY 95. Each includes a brief overview, a tabular display of the data, and a brief discussion. An overview providing the description of a "typical student" served in FY 85 and FY 95 follows along with a discussion of the implications.

Personal Characteristics

Personal characteristics included the following information about these students: Sex, race, family status, and number of siblings receiving GPN services.

Sex. As indicated in Table 1, the large majority of students with SE/BD served in the GPN are males. There was an increase of males from FY 85 to FY 95 of 3.5%, with a corresponding decrease in the percent of females. The ratio of males to females now exceeds 4:1.

Table 1
Sex

	FY 85	FY 95
Male	3907 (78.0%)	3322 (81.5%)
Female	1101 (22.0%)	753 (18.5%)

Race. Table 2 provides the data concerning the race of students served. The percent of African-American students significantly decreased by 14.7% with a corresponding significant increase in White students. There was also a small increase of 1% of students from other races. This change suggests that the current perception regarding the over-identification of African-American students as having a higher incidence of disabilities than White students may not be accurate for this population.

Table 2
Race

	FY 85	FY 95
African-American	2850 (56.9%)	1718 (42.2%)
White	2124 (42.4%)	2286 (56.1%)
Other	34 (0.7%)	71(1.7%)

Family and Siblings. The family status of students with SE/BD changed significantly over the ten year period (see Table 3). There were significant increases in the percent of both single parent families (5.7%) and other family status (4.8%) with a corresponding significant decrease in the percent of families with two parents residing in the home (11.3%). There was a slight increase in the percent of students who were placed in foster care. This change is consistent with the general increase of single parent families in the population as a whole.

Table 3
Family Status

	FY 85	FY 95
Single Parent	2059 (41.1%)	1906 (46.8%)
Both Parents	2267 (45.3%)	1385 (34.0%)
Foster Care	242 (4.8%)	232 (5.7%)
Other	440 (8.8%)	552 (13.6%)

The number of siblings served with GPN services remained essentially constant over the decade (see Table 4). While there were slight changes, they generally correspond to the trend of a reduction of number of children per family. The differences over the decade were not significant.

Table 4
Siblings Receiving Network Services

	FY 85	FY 95
0	4585 (91.6%)	3845 (94.4%)
1	377 (7.5%)	187 (4.6%)
2	30 (0.6%)	41 (1.0%)
3 or More	16 (0.3%)	2 (0.1%)

Referral Demographics

Referral Source. Regarding the source of referral (see Table 5), the most significant difference in referral source was an overall 12.9% increase in school referrals and overall decreases in every

other referral source. Parent referrals was the single largest decrease (4.7%). These results suggest that school personnel may be more cognizant of significant emotional/ behavioral problems/disabilities than other sources and that these personnel are taking their roles seriously and responsibly in identifying those students who are SE/BD and need specialized assistance.

Table 5
Referral Source for Students

	FY 85	FY 95
School	3688 (73.6%)	3523 (86.5%)
Parent	466 (9.3%)	187 (4.6%)
Physician	118 (2.4%)	63 (1.6%)
Private Psychologist	30 (0.6%)	13 (0.3%)
Mental Health	79 (1.6%)	38 (0.9%)
MR Center	38 (0.8%)	3 (0.1%)
DFCS	167 (3.3%)	57 (1.4%)
Health Dept.	109 (2.2%)	22 (0.5%)
Juvenile Court	9 (0.3%)	9 (0.2%)
Other	306 (6.1%)	160 (3.9%)

Chronological Age at Program Entry. Considering the chronological age of students at Program entry (see Table 6), the comparisons suggest a significant decrease in the children referred to GPN programs in the infant years, perhaps because the Part H Program funded through the Department of Human Resources now serves this age group. And there appears to be a slight increase in the students referred from the middle school years. The other comparisons suggest no significant differences between the two populations.

Table 6
Chronological Age of Students at Program Entry

		FY 85	FY 95
Infant	0	29 (0.6%)	2 (0.1%)
	1	81 (1.6%)	4 (0.1%)
	2	166 (3.3%)	42 (1.0%)
Preschool	3	274 (5.5%)	217 (5.3%)
	4	267 (5.3%)	223 (5.5%)
	5	299 (6.0%)	275 (6.8%)
Elementary	6	394 (7.9%)	313 (7.7%)
	7	419 (8.4%)	263 (6.5%)
	8	378 (7.5%)	294 (7.2%)
	9	378 (7.5%)	376 (9.2%)
	10	351 (7.0%)	315 (7.7%)
Middle School	11	325 (6.5%)	313 (7.7%)

	12	342 (6.8%)	278 (6.8%)
	13	321 (6.4%)	352 (8.6%)
High School	14	381 (7.6%)	331 (8.1%)
	15	324 (6.5%)	240 (5.9%)
	16	181 (3.6%)	148 (3.6%)
	17	71 (1.4%)	54 (1.3%)
	18	23 (0.5%)	26 (0.6%)
	19	4 (0.1%)	9 (0.2%)

Grade of Students at Program Entry. The comparisons of grade of students at program entry (see Table 7), when considered in relationship to chronological age, suggest that some children had been retained in grade. Further, there appears to be a significant decrease in the number of students who are in "Other" placements at entry. This may be due to increased inclusion efforts at the individual school and community levels.

Table 7
Grade of Students at Program Entry

		FY 85	FY 95
Pre-K/K	Pre-K	770 (15.4%)	532 (13.1%)
	K	397 (7.9%)	393 (9.6%)
Elementary	1	546 (10.9%)	341 (8.4%)
	2	414 (8.3%)	339 (8.3%)
	3	357 (7.1%)	344 (8.4%)
	4	395 (7.9%)	348 (8.5%)
	5	315 (6.3%)	336 (8.3%)
Middle School	6	288 (5.8%)	302 (7.4%)
	7	378 (7.5%)	343 (8.4%)
	8	335 (6.7%)	286 (7.0%)
High School	9	356 (6.7%)	293 (7.2%)
	10	111 (2.2%)	124 (3.0%)
	11	45 (0.9%)	42 (1.0%)
	12	8 (0.2%)	9 (0.2%)
	Other	293 (5.9%)	43 (1.1%)

Type of Enrollment at Referral. The type of school enrollment for students referred to GPN programs was almost 90% public schools in FY 95 (see Table 8). Comparisons to the FY 85 data indicated that there was a 7.9% increase in public school enrollment at time of referral and a reduction in the "Other" category. The school enrollments in private schools and not in schools were fairly consistent. This may be due to increased efforts for inclusion of these students at the individual school and community levels.

Table 8
Type of School Enrollment at Referral

	FY 85	FY 95
Public School	3963 (79.1%)	3547 (87.0%)
Private School	56 (1.1%)	37 (0.9%)
Not in School	455 (9.1%)	360 (8.8%)
Other	533 (10.6%)	131 (3.2%)

Student Class Placement at Referral. A review of the data in Table 9 indicates significant differences in the types of student's class placement at the time of referral. Consistent with the development of the continuum of services, the order of placements in FY 95 was special education self-contained classes (38.3%), special education-resource (24.6%), and regular education classes (14.5%). This was significantly different from the order in FY 85--special education resource (29.4%), regular education classes (27.6%), and special education--self-contained (18.2%). This change was probably due to the increase in the number of self-contained and resource classes/placements provided by local school systems and increased knowledge and skills for those teachers in these classrooms. Other changes included placements in other psychoeducation programs--a 5.9% increase over FY 85 and a decrease of 6.3% from the "Other" category.

Table 9
Student Placement in Classes at Referral

Type of Class	FY 85	FY 95
Regular Ed.	1383 (27.6%)	590 (14.5%)
Special Ed.Self-Contained	912 (18.2%)	1561 (38.3%)
Special Ed. Resource	1470 (29.4%)	1004 (24.6%)
YDC	7 (0.1%)	8 (0.2%)
Head Start	73 (1.5%)	112 (2.8%)
Regional Hospital	64 (1.3%)	49 (1.2%)
Other Psychoed Program	111 (2.2%)	337 (8.3%)
State School	6 (0.1%)	5 (0.1%)
Private/Residential	38 (0.8%)	33 (0.8%)
Mental Health	18 (0.4%)	16 (0.4%)
Out of School	330 (6.6%)	146 (3.6%)
Other	596 (11.9%)	214 (5.3%)

Program Services

Age Group Placement for Students. From FY 85 to FY 95, there was a decrease in the proportion of students placed in preschool programs (3-4 years of age) (see Table 10); this result could have been realized because of the creation of the pre-K program in the early 1990s. There was a corresponding increase in the proportion of students placed in school age programs (5-14 years). The proportion served in the adolescent programs remained consistent over the decade.

Table 10
Age Group Placement for Students

		FY 85	FY 95
Preschool	(3-4)	549 (11.0%)	254 (6.2%)
School Age	(5-14)	2892 (57.7%)	2507 (61.5%)
Adolescent	(15+)	1567 (31.3%)	1314 (32.3%)

Primary Services for Students. From FY 85 to FY 95 there was a most significant shift in the primary services provided for students (see Table 11). In FY 85 the primary services were full day (43.1%) and part day (37.3%); in FY 95, the primary services had changed to full day (71.6%) and part day (19.5%). This shift in services is probably related to the severity of the students E/BD problems and the array of services (e.g., resource and self-contained classes) now available in local school systems. The remaining categories of services supported this shift with reductions in student only and parent only services.

Table 11
Primary Services for Students

	FY 85	FY 95
Full Day	2159 (43.1%)	2918 (71.6%)
Part Day	1870 (37.3%)	793 (19.5%)
School Only	154 (3.1%)	197 (4.8%)
Parent Only	150 (3.0%)	12 (0.3%)
Student Only	675 (13.5%)	155 (3.8%)

Length of Time Enrolled in Network Program. Table 12 suggests no significant differences in the total length of time students were enrolled in GPN programs over the decade.

Table 12
Total Length of Time Enrolled in GPN Program

Months	FY 85	FY 95
0-3	419 (8.1%)	433 (10.6%)
4-6	432 (8.6%)	443 (10.9%)
7-9	557 (11.1%)	465 (11.7%)
10-12	490 (9.8%)	322 (7.9%)
13-15	398 (7.9%)	238 (5.8%)
16-18	384 (7.7%)	295 (7.2%)
19-21	349 (7.0%)	216 (5.3%)
22-24	277 (5.5%)	198 (4.9%)
25-27	221 (4.4%)	202 (5.0%)
28-30	237 (4.7%)	159 (3.9%)
31-33	160 (3.2%)	87 (2.1%)
34-36	143 (2.9%)	120 (2.9%)
37-48	401 (8.0%)	313 (7.7%)
49+	540 (10.8%)	584 (14.3%)

Program Exit

Type of Program Exit. Program exit data for students in the two fiscal years are displayed in Table 13. There was a significant increase in circumstantial terminations (i.e., withdrawn by parents or moved from the Program area) of 10.1% with a corresponding decrease in provisional terminations (i.e., students who were placed in less restrictive placements and were to be monitored for one year) and a slight increase in final terminations (i.e., students no longer needed psychoeducational program services). There was also an overall decrease in proportional numbers of students exiting the GPN programs perhaps reflecting the increasing severity of the E/BD problems of the students being served.

Table 13
Type of Program Exit for Students

	FY 85	FY 95
Circumstantial	757 (39.3%)	561 (49.2%)
Provisional	631 (32.7%)	199 (17.5%)
Final	540 (28.0%)	380 (33.3%)

Student Class Placement at Program Exit. There were fewer student placements in regular education and special education--resource placements and an increase in the number of placements in special education--self-contained classes (Table 14). There were also small increases in the number who had moved from the area and those whose placement is unknown.

Table 14
Student Class Placement at Program Exit

Type of Class	FY 85	FY 95
Regular Ed.	387 (20.1%)	141 (12.3%)
Special Ed.Self-Contained	321 (16.7%)	225 (19.7%)
Special Ed. Resource	419 (21.7%)	203 (17.7%)
YDC	61 (3.2%)	42 (3.7%)
Regional Hospital	25 (1.3%)	16 (1.4%)
Private/ Residential	25 (1.3%)	14 (1.2%)
Withdrawn, GPN	183 (9.5%)	134 (11.75)
Moved from Area	274 (14.2%)	207 (18.1%)
Other	189 (9.8%)	100 (8.7%)
Unknown	0 (0)	62 (5.4%)

Overview of Results--Typical Students

Table 15 provides a summary of the demographic descriptors in a profile which lists the largest category for each descriptor for both FY 85 and FY 95 along with a brief statement of the significance/non-significance of the observed differences. In FY 95 the typical student being served by a psychoeducational program was a 10 year old white male in the fourth grade from a single parent family who was referred by the schools after having been served in a special education self-contained class; this student was served in a full day program from 16-18 months; at termination, this student was generally returned to a special education self-contained placement.

Table 15
Typical Student Profile for FY 85 and FY 95

Demographic Descriptor	FY 85	FY 95	Significance of Change
Gender	Male (78%)	Male (81.5%)	Increase of 3.5% and increase of ratio of Males to Females of 4:1
Race	African-American (56.9%)	White (56.1%)	Change of majority race
Family Status	Two Parent Families (45.3%)	Single Parent Families (46.8%)	Change from two parent to single parent families
Siblings Served	0	0	No Change
Referral Source	Schools (73.6%)	Schools (86.5%)	Increase of 12.9%
Chronological Age	Median: 8 Years	Median: 10 Years	Increase of 2 years based on reduced percent of preschoolers served
Grade	Median: 4th	Median: 4th	No Change
School Enrollment at Referral	Public Schools (79.1%)	Public Schools (87.0%)	Increase of 7.9%
Student Class Placement at Referral	Special Ed. Resource (29.4%)	Special Ed. Self-Contained (38.3%)	Shift to more restrictive setting before referral and increase percent
Age Group Placement	School Age (57.7%)	School Age (61.5%)	No Change
Primary Services	Full Day (43.1%)	Full Day (71.6%)	Major focus on Full Day Classes
Length of Time in GPN	Median: 16-18 Months	Median: 16-18 Months	No Change
Type of Termination	Final (28.0%) Provisional (32.7%)	Final (33.3%) Provisional (17.5%)	Decrease in terminations increase in finals and decrease in provisionals
Student Class Placement at Termination	Special Ed. Resource (21.7%)	Special Ed. Self-Contained (19.7%)	Change from resource to self-contained

Implications

The students the schools serve reflect the changes in our society. As the society and the people change, so to do our educational programs change. The continued increase in number of male students may suggest that acting-out behavior continues to be a primary reason for referrals for SE/BD. The issues of school violence, the relationship of alternative schools with general education and special education, and the identification of appropriate students--including those female students who need special education--must be considered during the coming years. The significant change from majority African-American to majority White suggests that the perception of over-identification of African-American students may not be relevant for this population. Additional data should be gathered to determine if this is a fluctuation for one year or if it reflects a continuing trend over time. The shift from two parent families to single parent families is consistent with similar familial changes in the society as a whole; it suggests that educational programs may need to adapt their services to meet the needs of this change in caregiver status. The increase in median chronological age suggests that the Pre-K programs and the Part H programs are serving increased numbers of these students consistent with the principles of inclusion; further, the local school systems may be increasing their resource/self-contained special education programs to serve younger SE/BD students at home rather than sending them to psychoeducational programs. This trend suggests that psychoeducational programs may be serving older students over time indicating a shift in program design and resources.

The shift in student class placement from special education resource to special education self-contained suggests that local school systems have made significant commitments to educate their SE/BD students in local schools by emphasizing inclusion and to provide a continuum of services consistent with the Individuals with Disabilities Education Act (1991). This may suggest an enhanced collaborative relationship between local public schools and psychoeducational programs in designing and implementing training efforts and program design in the coming years. The change in primary services to full day services for almost 3/4 of the students served suggests that while the local school systems are providing more resource and self-contained classes for SE/BD students, more severe SE/BD students are being served by the psychoeducational programs. This may be confirmed by the data which indicate that when students are terminated from psychoeducational programs they return to self-contained programs in the schools.

Summary

The changes in demographic descriptors of the students served by psychoeducational programs are complex and significant. While some mirror the changes in society (e.g., change in familial status), others are clear changes in local school system program design consistent with the intent of IDEA (1991) for least restrictive placement and emphasis on inclusion (e.g., increased number of referrals from self-contained classes, return at termination to self-contained classes). These results and the implications suggest the need for an enhanced working relationship between the local school systems and the psychoeducational programs to continue to adapt and design programs and service delivery systems to meet the needs of students and their families.

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A Leadership Metaphor: The Busy Airport Terminal

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Oconee Psychoeducational Program

Using a combination of research on social systems, boundary spanning, and situational leadership, reflective practice was employed as a method to examine leadership efforts and develop a metaphor of leadership. "The Very Busy Airport" incorporates a main terminal--in which the director is the senior air traffic controller and airport administrator--which represents the psychoeducational program with seven concourses--one each for special education directors, superintendents, community agencies, the Georgia Department of Education, the RESA director (fiscal agent and immediate supervisor), and the children and families. Conclusions regarding overall suggestions for leadership with this metaphor are also provided.

During the past year, as a part of required university course work, I have incorporated reflective practice as a means to document and analyze my leadership efforts. The results have proven to be one of the most valuable actions I have taken as an educational leader over the past four years. I will continue to use reflection as a tool to assist me in analyzing, planning, implementing, and revising my leadership effort as a means of continually improving my leadership efforts.

Some background information provides a perspective for the information presented in this paper. I am the director of the Oconee Psychoeducational Program (Program) which was created in 1973. I was a teacher for 12 years and have been a director for 4 years. The Program serves children with serious emotional and behavioral disorders, autism, or pervasive developmental disabilities, from birth through age 21 years and their families and schools in a seven county area. My position activities include the following: Communicate with and follow the direction of the RESA Director--my immediate supervisor--and the RESA Board of Control; supervise 29 staff members; work with 7 superintendents, 7 special education directors, and 28 school principals; work collaboratively with community agencies, hospitals, physicians, etc; communicate with the other 23 psychoeducational program directors; and have regular contact with the psychoeducational network coordinator at the Georgia Department of Education. The focus of my activities is to lead and assist those who are providing services to the students and their families to assure that the services are of high quality and targeted to meet the needs of the students and families we serve. I work with an array of people in a variety of positions which provides a significant leadership challenge both within the Program and in the seven counties and school systems.

Literature Base

Immegart and Pilecki (1973) say all systems have boundaries which are more or less arbitrary demarcations of that which is included within the system and that which is excluded from it. They add that with any system that lacks finite boundaries, such as schools, simple definition and comprehension are difficult and that it is easier to move within or without a boundary than across it. These authors suggest that the environment of the system (i.e., everything that is outside of the system's boundary) influences, evaluates, and in effect controls the system and its action; this is true because the environment contains many other systems--often competing or conflicting ones. They indicate that it is imperative for open systems (e.g., psychoeducational programs) to extend their awareness of the environment, including its forces and dynamics, to be effective. In order to be maximally functional, a system needs to obtain relevant, extensive, and intensive knowledge of its environment. To the extent that a system contributes to enhancing the environment, the environment will reward and enhance the system. Examining these statements within my experience base over the past three years brought new meaning to their significance which I used as a part of my reflective practice leadership efforts.

To be an effective leader in a system such as mine, I must be a **boundary spanner**. I must work not only within the boundaries of the Program, its staff, its clients, and their homes, but also across boundaries of all seven school systems, the RESA, the community agencies in all seven counties, the other psychoeducational programs, and the Georgia Department of Education. Most of the time, my spanning those boundaries and working with the system's large environment is challenging and exciting; however, it can also seem to be intimidating, frightening, and overwhelming.

Adapting Schon's (1988) statements on "reflective teaching" to "reflective leading", reflective leading opens a person to confusion, to not-knowing--therefore to a rejection of belief in externally given "right answers." "Right" answers for educational leaders differ in each situation and with the change in the environment and its players. For the most part, I have practiced situational leadership (Hersey & Blanchard, 1988); adding the reflective practice component has enhanced the effectiveness of my leadership efforts.

Bredeson (1988) discusses the potential of metaphor in terms of its implications for the practice of administration in schools and for the training of educational leaders. He states that attention to metaphor in administration supports the attempt to move administration away from the aggregation of technical competencies toward the preparation of more holistically prepared and practicing professionals who have **commitment**, a devotion to the cause of education, an understanding of leadership in a moral context, and a clear understanding of school leadership as a **public service**. This describes the preparation of an educational **leader**, not just an **administrator**. While an administrator is one who manages and completes paperwork, a leader is one who improves the system. To be effective, a leader must have leadership knowledge and skills in addition to administrative knowledge and skills. I perceive myself to be a leader.

The Metaphor

Synthesizing the works of Immegart and Pilecki (1973) on systems and boundary spanning, of Schon (1988) on reflection, and of Bredeson (1988) on metaphor provided a way to develop a meaningful leadership metaphor--a very busy airport terminal--which adequately explains my role and its boundary spanning requirements. A schematic of this leadership metaphor is presented in Figure 1.

Main Terminal

The main terminal is the Oconee Psychoeducational Program (Program) which is located in Baldwin County, the largest and approximately the mid-point geographically of the seven counties we serve. The main terminal is actually composed of two physical locations, three miles from each other--one for central office building (director, secretary, coordinator/counselor, psychologist, social workers, and data collector) and one classroom building (teachers, paraprofessionals, and students). My role in the metaphor can be described as the senior air traffic controller and the airport administrator as I am responsible for all aspects of the Program. My boundary spanning efforts begin within the Program at the main terminal.

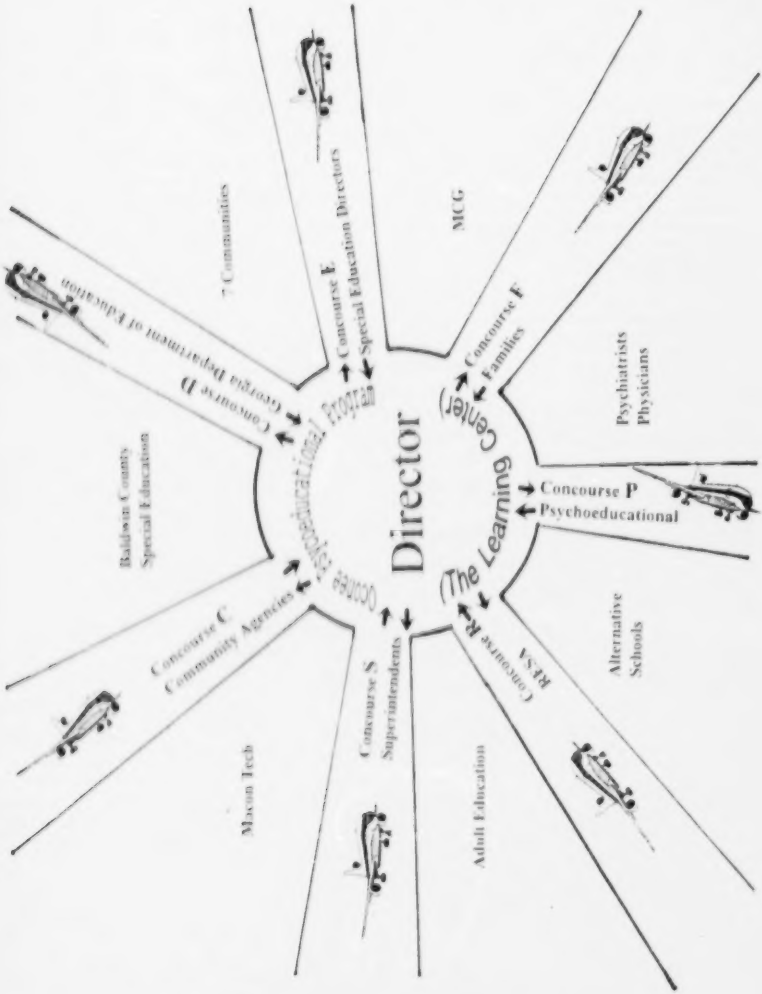
Program Supervision. Supervision of the delivery of services to the students and their parents is a significant leadership activity. The separation of the central office building and the classroom building provides a challenge to providing effective supervision. Further, the building which houses the Program's classrooms also houses the county's special education offices, some Macon Tech classrooms, and some adult education classrooms and some alternative school classrooms.

Most of the people involved in these other programs do not appear to understand the difference between a classroom for students with serious emotional/behavioral disabilities and a classroom for general education students. These differing paradigms create differing expectations for our classes which provides opportunities for leadership. One means of spanning boundaries is to wait for a crisis to occur and then involve multiple groups in its solution. This sometimes occurs in our Program when a student acts out in some extreme manner and causes concern with other groups. These types of crises require my expertise in which I can not only assist in solving one problem--e.g., a student's behavior--but link the solution of that problem to the solution of another, e.g., changing the physical location of our central staff to be in the building to assist with the treatment of the students and moving those with concerns to another location.

Leadership Team Planning. Effective planning identifies the destination which a team is seeking. Schon (1983) states that testing one's hypothesis is a move to try to effect a desired change in a situation and a probe to explore it. He indicates that one understands the situation by trying to change it and considers the resulting changes as the essence of its success. My hypothesis focused on creating an effective leadership team with the right training and guidance to maximize the quality of services to the students, families, and schools that we serve.

In June, 1994, after three years of my leadership, there was a need to solidify the building leadership team that I had been nurturing during the past year into a shared leadership approach to meet the diverse needs of making intelligent decisions and attending meetings--four of us attending 425 student staffings during the 1994-1995 school year. The leadership team was comprised of me, the psychologist, the social worker, the coordinator/counselor, and the data collector. We met in Atlanta for two and on-half days. With the assistance of a university professor

Figure 1. The Metaphor



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in educational leadership, we increased our effective communication and leadership styles and focused on delineating duties among us to increase our effective use of time. The training, the activities, and the professional time together away from the daily duties of the office setting gave each of us a greater sense of self-confidence as well as a complete confidence in each other as team members. While I was confident in each one of them, they were unsure of each other initially. This experience provided the exchanges which produced that self-confidence and the leadership team confidence.

In mid-December, the team asked if we were planning a similar event in June to plan for the 1995-1996 year. Based on the success of last year's retreat and the enthusiasm and commitment during our discussions, we committed to go for a five day retreat in June to plan for the 1995-1996 school year. While the time there is intense--eight to ten hour days--the team-building and planning results are well worth the investment. We did refine the program in several ways. First, the team now was focused on the director, the coordinator/counselor, the social worker, and the psychologist as the data collector position was filled by a new, technical level person. Second, the university professor who served last year will serve again this year on different topics and for one and one-half days of the five day retreat. Third, our retreat will be conducted in collaboration with another psychoeducational program team to provide for more exchange and stimulation of new ideas relevant to building community and confidence between programs.

Another positive result from last year's retreat was the development of a similar retreat for staff at the annual Georgia Psychoeducational Network meeting on St. Simon's in August. This three day retreat included staff development activities, team building activities, and interpersonal time sharing. Consistent with Merriam's (1993) conclusions that learning and thinking in the everyday world are typically social activities, adults' abilities to think and learn are profoundly structured by the availability of situationally provided "tools". Thus, while the tools of team building and staff development provided the opportunity to improve professional knowledge and skills, they were conducted in part through social activities in which we worked together, ate together, walked the beach together, and played and laughed together. Based in part on this retreat, staff complaints were down by 75%. My willingness to try this new retreat approach with staff was based on my successful reflection activities, on the success of the building leadership team retreat, and my being more open to suggestions from others.

Concourse E--Special Education Directors

This concourse is composed of the special education directors in the seven systems which are served by the program. Each special education director is a unique person with an individual perspective. I acknowledge that it is my leadership responsibility to communicate with others in effective manners if the goal of providing quality services to students and their families is to be met. Therefore, it is necessary for me to individualize my communication and problem solving styles and processes with each leader with whom I work, including special education directors and the environments--both community and leadership--from whence they come. With some people, I can be direct and sequential; with others I must be sensitive and patient; with others, I must be able to shift paradigms completely and be determined but not pushy. With each leader, I must learn as much as I can about the person, the person's attitudes and beliefs, the person's priorities, the person's strengths, and the person's foci for continued growth.

Varied situations also provide opportunities for my problem solving skills. In some situations, it is relatively easy to build bridges through effective communication and problem solving; in

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others, my leadership skills are tested in being creative in removing perceived barriers and obstacles. Sometimes barriers and obstacles are perceived to be people; in others, they are perceived to be rules/regulations/procedures. Perhaps one of the most difficult barriers/obstacles to remove is that of misinformation. Effective communication on a continuing basis with all leaders in order to build trust is essential not only to recognize that a problem exists but to identify the particular aspects of the problem which need resolution. Sometimes the best leadership strategy is to let the problem solve itself over time; sometimes, it is to approach the situation directly; at other times, it is best to leave the situation diplomatically and return another day for a solution. These judgement calls are the epitome of leadership--taking the right action at the right time with the right people in the right location. While formal education in these areas is essential, the practical application of that knowledge in real world settings is perhaps the "acid test" of whether one is a leader. And I have found that there is a reason behind every individual's actions--it is sometimes a challenge to identify that reason.

The key parameter for me is to remember that I am a boundary spanner, a problem solver, and a leader with resources which can be assigned to particular dilemmas. In some cases, the most effective resource is me; in others the most effective resource is another staff member. The focus for all actions is the provision of quality services to the students and their families. This focus can be created by constantly shifting the lenses I use to examine problems to assure that I am seeing the problem in its varied dimensions with its varied solutions so I can choose the most effective solution not only for this problem but for future relationship building as well. The vision is the key.

One of the most useful leadership strategies I have learned to use with my varied publics is to seek input and offer options. Using this strategy frequently creates new options and almost always results in the changes and improvements which are needed for the program. By providing options and final decision choices to the directors, I have decreased complaints about our program by almost ninety percent--a significant change.

Concourse C--Community Agencies

Concourse C is composed of the variety of community agencies in the seven county area. Three years ago, I was part of the group that created an Interagency Council to plan as thoroughly as possible to meet the needs of children and their families while avoiding unnecessary duplication of services. While the first year was more than challenging for all participants, this Council is now facilitating the agencies' accomplishing things for children and families that none of us could have accomplished separately.

Concourse D--Georgia Department of Education

This Concourse includes the personnel and programs in the Division for Exceptional Children and other units which fund and assist the program. The coordinator of the Georgia Psychoeducational Network and other personnel have assisted in solving problems and removing barriers. Consistent with this metaphor, Concourse D has been obscured by some fog since January of 1995 when the new superintendent took office and there were subsequent personnel changes. Since that time, the Concourse has been relatively free of fog and visibility has improved. However, some haze still remains.

Concourse P--Psychoeducational Program Directors

The psychoeducational program directors concourse is operating the most smoothly at the present time because these directors are communicating with me and we are all pursuing similar goals for students with severe emotional disturbance and their families. This concourse is clear and predictable for me and allows me to know not only what happens on the ground but also to know which planes take off in a predictable manner.

Concourse S--Superintendents

Concourse S is the most challenging concourse on which to work. The "S" shape is curved and so is my way as I navigate this concourse with its large and significant jets. The obstacles and barriers on this concourse are sometimes relatively invisible. Identifying them requires me to ask continuing questions concerning my own knowledge and skills, the expectations for my role(s). Questions which I may ask myself as I reflect and subsequently plan include the following: Am I missing some knowledge? Do I lack expertise in a given area? Am I taking too much for granted? How do I know if they have enough information or too much information? How do I assure that they receive both the positive information about the program as well as the complaints about the program? Answers to these and other relevant questions provide fine guidance for my leadership and communication behavior with superintendents. Based on my reflection this past year, it is important to track the events in other systems in order to have a clear "radar picture" of the planes (superintendents) at the gates as well as when they taxi on the tarmac and move on to their next destination (issue). Further, each superintendent is the key advocate and decision maker for his/her school system; thus I must individualize my leadership behavior with superintendents as well as all other leaders in this seven county area.

Concourse R--RESA Director

A nearby concourse represents the Regional Education Services Agency (RESA) director, also my fiscal agent and immediate supervisor. In the last year, I have gone through a change in personnel on this concourse--one director has resigned and a new one has been hired. This person is critically important to me as this person is both a supervisor for me and a link to all of the superintendents in Concourse S. An effective person in this role can solve problems; an ineffective person often creates more problems than are solved. Training and experiences generally indicate the perceptions that this person has for a program serving students with severely emotional/behavioral disorders.

Concourse F--Students and Families

Concourse F has been initially described last because as the senior air traffic controller and airport administrator, my primary purpose is to assure that this concourse functions most smoothly regardless of problems on the other concourses. An effective leader prioritizes time and energy to focus on achieving one's mission to realize the vision--high quality services to students with severely emotional/behavioral disabilities and their families which enhance the knowledge and skills of the students to perform to their maximum and return to a less restrictive environment. Oftentimes, it is necessary to reallocate resources from or build linkages/bridges with other concourses to achieve this mission and vision. I may focus on all the concourses during a day but Concourse F is the critical one for our program.

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Conclusion

Having been the senior air traffic controller and the airport administrator for the past four years, I have reflected on a variety of experiences. My reflective efforts in the past year have resulted in several conclusions concerning my leadership efforts. First, while people's perceptions are not always reality they are powerful and generally determine their behaviors; changing perceptions is incredibly difficult and not always possible. Retaining my personal philosophy as an effective educational leader and being successful with those who have differing philosophies requires a highly individualized approach to leadership. Most people would prefer to use their philosophy rather than mine. Building ownership of students by school systems is a never ending task--we must be careful to encourage and enhance this ownership by schools and school systems rather than the program. Changing the paradigm from "your children" and "my children" to "our children" requires major time and effort--and may not be possible in some situations with some people.

All of this information and these conclusions encourage me to articulate the new knowledge and skills which I need to pursue in order to be an effective leader. I must continue to develop my own Individualized Leadership Program (ILP) which focuses on my increasing my knowledge and skills in selected areas. In this way, I can continue to grow personally and professionally.

This whole experience of reflective leadership has been enlightening and beneficial to me. I find that I now am approaching all aspects of my life in the same reflective manner; this is positive for me. I know better who I am and what my destination should be. I will continue to enjoy and struggle in my multiple roles in the airport as I continue my reflective leadership experiences.

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